

# CAHPS Instruments for Long Term Care

Beth Kosiak, Ph.D.  
Judith Sangl, Sc.D.  
D.E.B. Potter, M.S.  
William Spector, Ph.D.



# Surveys Overview



## Three surveys under development or in exploratory phase

- Nursing Home Resident Survey
- Nursing Home Family Member Survey
- Assisted Living

# Resident Nursing Home CAHPS (NHCAHPS)



- Extension to CAHPS family of instruments, going beyond plan level
- Common CAHPS element of
  - aspects of care residents consider important
  - aspects of care residents can report on
- Unique elements include
  - site of care is also residence - may be hard to distinguish
  - not purely medical care - personal care (ADLs) also involved
  - In-person survey

# Resident NHCAHPS Design to Date



- Emphasizing medical/personal care
  - not quality of life issues (e.g., autonomy, privacy, meaningful activity)
  - some overlap (e.g., comfort, treated with respect & dignity)
- Core set of questions for long and short stay residents
  - supplements may be added for special needs

# Two CMS Efforts for Nursing Homes



- Study #1: Measures, Indicators, and Improvement of Quality of Life
  - focus on quality of life aspects
  - CMS contract with U. of MN (Rosalie Kane)
- Study #2: Design and Feasibility of Nursing Home CAHPS (NHCAHPS) Instrument
  - focus on quality of care aspects
  - joint CMS/AHRQ project with CAHPS grantees (RAND, RTI, Harvard)
- CMS charged AHRQ to integrate both

# Resident NHCAHPS Development



- Literature review and phone interviews with experts
- Focus groups conducted with residents and families to determine important quality of care topics
- Initial survey created based on 1<sup>st</sup> 2 steps and on adapting CAHPS survey domains for nursing homes
- Iterative cognitive testing and revisions of questionnaire
- Cognitive screens reviewed, vignettes developed and tested
- Sampling design



# Resident NHCAHPS Development (continued)



- Iterative cognitive testing and revisions of questionnaire
- Cognitive screens reviewed, vignettes developed and tested
- Sampling design

# Cognitive Interviewing



- Cognitive interviews were conducted with residents' whose cognitive levels ranged from cognitively intact to moderately impaired
- Cognitive interviews took no more than 1 hour
- Each CAHPS team was assigned 1 section of the questionnaire to test
- Procedure: respond to survey questions and then to probes
- \$250 was donated to resident fund of participating nursing homes



# Resident NHCAHPS Cognitive Testing Findings



- Domains & items tested & changed/dropped
  - Dropped availability of staff – information obtained was not significant
  - Rating of eye care received changed to how well the staff helps with eye care
- Rating versus Reporting
  - Reports frequently focused on one example resident recalled rather than a general report
  - Ratings tended to reflect their overall feelings so ratings seemed better

# Resident NHCAHPS Cognitive Testing Findings



## ■ Reference Period Testing

- Variety of time periods tested
  - Past week with & w/o calendar
  - Past month
  - Past 6 months for eye/dental/hearing needs
  - Today/this morning
  - During day/during night
- Reference periods not always applicable (e.g., short stay patients)
- Non-specific present appears to work best
  - Residents think of their time in facility “in general”

# Resident NHCAHPS Cognitive Testing Findings



- Different response categories tested
  - Never/sometimes/usually/always and Poor to Excellent scales
    - Tendency to respond at upper end
    - The full range of responses was not observed
  - Numerical rating scales
    - Persons preferred 0-10 compared with 0-5 for more discrimination
    - Additional testing w/more cognitively impaired persons

# Resident NHCAHPS Domains



- Adapting current CAHPS domains
- Global ratings on:
  - Staff care and
  - Nursing home
- Getting needed care:
  - Help with daily routine
  - Help with pain
  - Ease of seeing doctor when need one
  - Help for eye, dental, and hearing problems

# Resident NHCAHPS Domains (continued)



- Getting care quickly:
  - Staff come quickly when needed
- Staff helpfulness/courtesy
  - Staff are respectful to you
- Staff communication
  - Staff listen carefully to you
  - Staff explains things you need to know

# Resident NHCAHPS Cognitive Screen Testing



- Goal: Maximize resident participation in survey
  - No one except comatose automatically screened out
- Challenges:
  - Determine which residents can provide valid and reliable responses
    - Traditional cognitive screeners and measures may exclude too many persons
  - Determine ability of residents to generalize their experience across:
    - Many types of nursing and other staff delivering care
    - Shifts (day vs. night vs. weekend)
- Create brief but accurate cognitive screener for field use



# Resident NHCAHPS Vignette Study Methods



- Created set of 3 ordered vignettes (2 versions)
- Tested vignettes in NH-CAHPS cognitive testing
  - April 2003 Round - 1/2 done before NH-CAHPS & 1/2 done after NHCAHPS questions
  - July 2003 Round - all vignettes done *before* NH-CAHPS
- Cognitive assessments and vignette scores compared with NH-CAHPS responses and response rates
- Sample sizes:
  - April Round n = 27
  - July Round n = 31

# Resident NHCAHPS Cognitive Assessment Data



1. Three short vignettes on dressing with a rating task similar to NH-CAHPS questionnaire
2. Residents' Cognitive Performance Scale (CPS) scores from the MDS data in facility records
3. Interviewer administered Short Blessed (6 items) plus 2 items on orientation to place
4. Animal naming test: count number of animals named in 60 seconds -- only examined in April Round
5. Interviewer observations about resident's understanding of (a) interview questions and (b) cognitive probes  
-- Yes, always -- Yes, sometimes -- No

# Vignettes Tested

(7/03 Simplified Version)

*“I’m going to tell you about three different people in a nursing home and ask you to give a score to the help they get from staff. 10 is the best score and 0 is the worst.”*

- 1. Mr. Baker is in a nursing home. He likes to get dressed every day but he can’t get dressed by himself and needs help. Staff are always too busy and never help him get dressed so he stays in his pajamas. Using any number from 0 to 10 where 0 means worst possible help, and 10 means best possible help, what number would you give the help Mr. Baker gets getting dressed? Record response: \_\_\_\_\_
- 2. Mrs. Smith needs help and gets help dressing most days. But once a week when aides are too busy, she does not get help dressing and stays in nightgown all day. Response: \_\_\_\_\_
- 3. Mr. Jones needs help and gets help dressing every day  
Response: \_\_\_\_\_

# Resident NHCAHPS Vignette Results



- Vignettes appear to enhance ability of the CPS and the Short Blessed to identify individuals who respond to higher percentage of questions
- Vignettes also show a more consistent relationship with interviewer confidence ratings than the CPS alone
- Vignette method shows promise in maximizing survey participation of nursing home residents compared to traditional cognitive screens
- Study Limitations
  - Small sample size
  - Small pool of more impaired residents

# Vignette Next Steps



- Conduct additional testing of the vignette method in the Resident NHCAHPS field test
- Evaluate with a larger and more impaired sample of residents to determine its value for identifying those who can and cannot be interviewed

# Resident NHCAHPS Sampling Design Issues



- Another challenge is to get sufficient sample size for valid reports – average size of facilities (mean =105)
- Analyzed national MDS data set to:
  - estimate potential sample size in facilities by state based on bed size, CPS scores and resident time in facility (<90 & > 90 days)
  - consider possible sampling strategies for reporting purposes, e.g., rolling sample for very small facilities



# Resident NHCAHPS - Next Steps



- Integrate Quality of Life with Quality of Care in questionnaire
  - Selected and revised (as needed) Quality of Life items from Kane's CMS study-includes domains of
    - Dignity, comfort, enjoyment, spirituality, relationships, privacy, functional competence, autonomy, meaningful activities
  - Conduct cognitive testing of Quality of Life items – Nov. 2004 –Jan. 2005

# Resident NHCAHPS - Next Steps (cont.)



- Develop sampling and interviewer protocols, including vignettes
- Conduct a field test–Spring 2005
- Finalize questionnaire and survey protocols – Fall 2005

# NHCAHPS Family Survey Development



- In 2003, CMS requested that AHRQ start work on a family survey to supplement and enhance the information obtained from the resident survey
- A literature review was conducted in late 2003 that included information on surveys currently administered to family members
- A Federal Register notice call for measures was published May 1, 2004 and closed August 5, 2004; 7 surveys were received in response

# NHCAHPS Family Survey Development (continued)



- Items from submitted surveys were compiled into one document by the following domains:
  - communication
  - psychosocial
  - services
  - environment
  - food
  - administration
  - care processes
  - safety
  - staffing
  - activities, and
  - demographic items, including how often family members visit the resident

# NHCAHPS Family Survey Development-Present Status



- NH CAHPS Instrument Team held meeting in early October to cull items, determine critical topics within domains
- Created first draft version for cognitive testing in November
- Currently developing cognitive testing protocol

# NHCAHPS Family Survey Development-Next Steps



- Identify family members for cognitive interviews
- Conduct cognitive interviews, January 2005
- Summarize results and revise survey in accordance with findings, February 2005
- Conduct second round of cognitive testing March 2005
- Summarize results and revise instrument, April 2005



# NHCAHPS Family Survey Development-Next Steps (continued)



- Design field test, including sampling strategy and data collection methods, November – January 2005
- Conduct field test, late Spring 2005
- Analyze data, revise instrument, Summer 2005
- Submit to CMS, Fall 2005

# Assisted Living (AL) Survey Development



- In 2004, AHRQ's Long Term Care Portfolio established that one of its four goals was to:

“Improve information about services and quality so that consumers can make informed choices about the care they receive.”

# Background



- Assisted Living the fastest growing segment of the long term care market
- Approximately 1 million residents
- Non-medical residential setting offering personal care needs, medication management, meals, recreation, health related services, etc.
- Philosophy emphasizes privacy, autonomy, flexible provision of services
- Mainly a State focus

# Background

(Continued)



- AL consumer print and video products available
  - Not sufficient to help consumers choose among facilities
  - States, consumer groups, and provider organizations help in limited ways
  - Satisfaction and service instruments not well validated
- Need improved tools

# Overall Goals for Possible AL-CAHPS



- Improve information for consumers of assisted living
- Develop a tool kit to measure quality of life and care, consumer satisfaction and other issues relevant to consumer choice
- Provide resources for public and private organizations to better inform consumers

# AL-CAHPS Exploratory Phase – FY 2005



- Literature search
- Focus groups
- State initiatives on consumer information



# AL-CAHPS Exploratory Phase - Lit. Search



- Collect and evaluate literature and tools
  - Satisfaction
  - Services delivery
  - Quality of care
  - Quality of life
- Assess tools/lit. from all long term care settings (community and residential)
- Identify gaps and evaluate appropriateness for AL

# AL-CAHPS Exploratory Phase- Focus Groups



- Convene focus groups
  - Consumers
  - Family members
  - Providers
  - State “survey” agencies
  - Care managers

# AL-CAHPS Exploratory Phase – Consumers & States



- Determine how States monitor AL
- Determine if and how States communicate differences in facilities to consumers
- Identify State barriers in providing AL info to consumers
- Identify needs to help States provide information to consumers

# AL-CAHPS Next Steps – FY 2006 +



- Survey and tool development
- Design field pre-test
- Conduct field test
- Analyze field test results
- Finalize

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